U. S. COST REIMBURSABLE  (Department, birean, or establishment)  Voucher prepared at	II S	General, U. S. Proved F. Supp. No. 1, 1952)	RETMRITESARTE					1		<b>5-1</b> 869	
The United States, Dr.,  Payee's Account No.  (Fayee)  (Address)  (Otry)  (Gato)  (Reserved description of Service)  Costs  Cost			(Department,	bureau, or establishment)					P	AID BY	
The United States, Dr.,  Payee's Account No.  (Fayee)  (Address)  (Otry)  (Gato)  (Reserved description of Service)  Costs  Cost	Voucher prep	oared at		(Circ place and dat					as a	" ^ <del>+</del>	
The reverse of this form must be executed when purchases are made of particular is much by game or attached bill or billing.  (Payee)  (Costs)  (Co									icl.	#60	7
(City)  (Cost  (Cost  (Cost)									SAPC 1	6853	
AVMENT:  Costs	To	***************************************		Pavee)				-   <b>L</b>	COPY	OF 2	
ARTICLES OR SERVICES    Date of Delivery or Service   Date of Delivery or Service   Center description, item number of contract or Pederal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Per   Dollars   Per   Dollars   Cost   Per   Dollars   Per   Dollars   Cost   Per   Dollars   Dollars											
AVMENT:  Costs		(Add				(State)	1				
AVMENT:  Complete   Partial   Final   Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total secrify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Differences  Per Title (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use continuation sheet(s) if necessary  Amount verified; correct for (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use continuation sheet(s) if necessary  Amount verified; correct for (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use SIGN ORIGINAL ONLY  Title Date  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form		Date of Delivery or Service	(Enter description, schedule, and	item number of contra	act or Federal	supply y)	QUANTITY		<del></del>	-	VT C
AVMENT:  Complete   Partial   Final   Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total secrify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Differences  Per Title (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use continuation sheet(s) if necessary  Amount verified; correct for (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use continuation sheet(s) if necessary  Amount verified; correct for (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Use SIGN ORIGINAL ONLY  Title Date  Date  The reverse of this form must be executed when purchases are made or services secured without written agreement in any form			Costs					,		15 851	1 7
Complete Partial Partial Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total \$15,854    sectify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  ate 6-17-57 *Payee  Per Title (Signature or initials)  ontract No. AlO1 Date Req. No. Date Invoice Rec'd.  Amount verified; correct for (Signature or initials)  ontract No. AlO1 Date Req. No. Date Invoice Rec'd.  Approved for \$	AYMENT:									2,,0)	
hipped from to Weight Government B/L No. Total \$15,854   scrtify that the above bill is correct and just and that payment has not been received.  FOIAb3b (Sign original only)  Differences  Differences  Differences  Differences  Amount verified; correct for (Signature or initials)  Per Title (Signature or initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Approved for \$  SIGN ORIGINAL ONLY  Title Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Complete  Partial		Use co	ntinuation sheet(s) if ne	cessarv						
FOIAb3b (Sign original only)  ate 6-17-57 *Payee	nipped from	t					<u> </u>			\$15,851	- 7
Sign original only)  Ate 6-17-57 *Payee		the second secon	and just and that paym	nent has not been received.					- ,		.
Per Title (Signature of initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Amount verified; correct for (Signature of initials)  Ontract No. Alol Date Req. No. Date Invoice Rec'd.  Approved for \$ (Authorized Certifying Officer)  ORIGINAL ONLY  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	FOIAb3	b	(Sign original only)			Differen				1	15-
Per	0ate 6-17-5	7 *Payee	not required when a library	contidents in m. J. h.							-
ontract No. Alol Date Req. No. Date Invoice Rec'd.  ursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$	Per		1			i .			Coll	15, 854	17.
Approved for \$									nvoice Rec'	'd.	
SIGN ORIGINAL ONLY  Title  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	ursuant to author	ity vested in me, I	certify that this account	is correct and proper f	or payment.						
ORIGINAL ONLY  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	Approved for \$				† <b>-</b>		~~~~				
ONLY  Date  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	v										
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM	,				TIME		*******				
	itle										<b>-</b>
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)							1.200	V 14		- 1	au's
		ACCOUN	TING CLASSIFICATIO	N (Appropriation Sym	bol must be sh	own; oth	er classificati	on option	al)		
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Standard Form No. 1635a—Revised

Form prescribed by Comptroller Approved For Release 2006 027 for CIA-PDF64-00360R0005QQ259346ANDUM

(Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

CONTINUATION SHEET

No. and Date of Order	Date of	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUAN- TITY	UNIT PRICE		AMOUNT	
	Delivery or Service			TITY	Cost	Per	Dollars	Cts.
		Contract AlOl - Syste	m II					
		Direct Costs Properly Contract AlOl for the thru 6/9/57	Chargeable to period 6/3/57					
			Research & Development	<u>Pr</u>	oducti	on	Tot	tal
Labor Wee	k Ending	Jume 9, 1957	2,465.20		2,671	.78	5,136	98
Division Resear	at interi	for Communications m rates as follows: lopment - 135%	3,328.03		5,209	9.97 ×	8,53	8.oc
Other Cos	ts - per	schedule attached					23	2.67
rotal Lat	or, Overl	nead and Other Costs					13,90	7.65
G & A extracted and a contract of I	ense com 4% of \$1	puted at interim 3,907.65					1,94	7.07
Total Cos	sts						\$ <u>15,85</u>	4.72
							1	İ